

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/740256 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
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17						
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25						
26						
27						
28						
29						
30						
31						
32		1				
33			1			
34			1			
35			1			
36			1			
37			1			
38			1			
39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1	1		
48			1	1		
49			1	1		
50			1	1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1				
52	1				
53	1				
54	1				
55	1				
56	1				
57	1				
58	1				
59	1				
60	1				
61	1				
62	1				
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69	1				
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86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.	4				
TOTAL DEP.	42				
TOTAL CLAIMS	46				